### **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

### FORM C/OH COVER SHEET PG 1

|                                 |  | 1 ACCOUNT#                                      | 2 Total pages filed: 972                 |
|---------------------------------|--|---|--|
| The C/OH Instruction (          | Guide explains how to complete this form.          | 1 ACCOUNT#<br>(Ethics Commission files)<br>7305 | 26                                       |
| 3 CANDIDATE/                    | MS/MRS/MR FIRST                                    | MI  | OFFICE HEE ONLY                          |
| OFFICEHOLDER                    | Mr. Herbert  | <i>r</i> .                                      | OFFICE USE ONLY                          |
| NAME                            | k  | <b>E</b> ,                                      | Date Received                            |
| }                               |  | SUFFIX  | 1  |
|                                 | Herb Evans   |   | 70                                       |
| 4 CANDIDATE/                    | ADDRESS / PO BOX; APT / SUITE #; C                 | STATE; ZIP CODE                                 |  |
| OFFICEHOLDER MAILING            | 1302 West Avenue,                                  | Austin Tx 78701                                 |  |
| ADDRESS                         | , 5000 ( 0000, ,,,,,,,,,,,,,,,,,,,,,,,,,           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,          | Date Hand-delivered or Date Postmarked   |
| Change of Address               |  | ·   |  |
| 5 CANDIDATE/                    | AREA CODE PHONE NUMBER                             | EXTENSION                                       | Receipt # > Amount                       |
| OFFICEHOLDER PHONE              | (512) 472-2733                                     | ×   | Receipt #>< Amount                       |
| 6 CAMPAIGN                      | MS / MRS / MR FIRST                                |   | Date Processed                           |
| CAMPAIGN<br>TREASURER           | 1  | MI<br>A   | Date Imaged                              |
| NAME                            | Mr. Jaseph   | SUFFIX  |  |
|                                 | Joe Turner   |   |  |
| 7 CAMPAIGN                      | STREET ADDRESS (NO PO BOX PLEASE); APT / SUI       | TE#; CITY; STATE;                               | ZIP CODE                                 |
| TREASURER                       | 1504 West Avenue, Aw                               | In 1x 78701                                     |  |
| ADDRESS (Residence or business) | 1001 bees Avenue, plan                             |   |  |
| 8 CAMPAIGN                      | AREA CODE PHONE NUMBER                             | EXTENSION                                       |  |
| TREASURER<br>PHONE              | (512) 474-4892                                     |   |  |
| 9 REPORTTYPE                    | January 15 30th day before election                | n Runoff  | 15th day after campaign treasurer        |
|                                 |  | . ()  | appointment (officeholder only)          |
|                                 | July 15 Sth day before election                    | Exceeded \$500 limit                            | Final report (Attach C/OH - FR)          |
| 10 PERIOD<br>COVERED            | Month Day Year THROL                               | Month Day                                       | Year                                     |
| COVERED                         | 1/22/2010 THROL                                    | ugh a/do/                                       | / 2010                                   |
| 11 ELECTION                     | ELECTION DATE ELECTION TYP                         | PE  |  |
| 1                               | Month Day Year                                     | Runotf  | General Special                          |
|                                 | 3/ 2/20/0 Primary                                  | Runon   | General Special                          |
| 12 OFFICE                       | OFFICE HELD (if any)                               | 13 OFFICE SOUGHT (If known                      | )  |
|                                 | Justice of the Peace, Pct. S, Travi                | rs Co. Same                                     |  |
| 14 NOTICE                       | · Direct campaign expenditures are campaign e      | expenditures made by others without t           | he candidate's prior consent or approval |
| OF DIRECT<br>CAMPAIGN           | Candidates are required to disclose this informati |   |  |
| EXPENDITURE                     | Name .   |   |  |
| BY OTHER<br>INDIVIDUALS         |  |   |  |
|                                 | None   | 7:- Codo  |  |
|                                 | Address / PO Box; Apt. / Suite #; City; State; Z   | Zip Code  |  |
| additional pages                |  |   |  |
|                                 |  |   |  |
|                                 |  |   |  |
|                                 | GOTO   | PAGE 2  |  |
|                                 |  |   | <u> </u>                                 |

### **CANDIDATE/OFFICEHOLDER REPORT: SUPPORT & TOTALS**

### FORM C/OH COVER SHEET PG 2

|  | ·  |   |  |
|--|--|---|--|
| 15 C/OH NAME                                   | Herber   | t Evans   | 16 ACCOUNT # (Ethics Commission Filers   |
| 17 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officehol                          | otice of political contributions accepted or political expenditures made of the contributions accepted or political expenditures made of the contributions are required to report this information only if they receive not | or officeholder's knowledge or consent.  |
| additional pages                               |  | COMMITTEE CAMPAIGN TREASURER NAME   |  |
|  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS  |  |
| 18 CONTRIBUTION<br>TOTALS                      | 1. TOTAL:<br>PLEDGE                            | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN<br>ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZEE  | \$ 1,605.00  |
|  | 1  | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 14,780.00   |
| EXPENDITURE<br>TOTALS                          | 3. TOTAL F                                     | POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ   | \$ -ø-   |
|  | 4. TOTAL                                       | POLITICAL EXPENDITURES  | \$ 1, 44 9.86  |
| CONTRIBUTION<br>BALANCE                        |  | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D<br>DRTING PERIOD  | s 13,874.91  |
| OUTSTANDING<br>LOAN TOTALS                     | i '  | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD  | \$ 24, 902.56  |
| 19 AFFIDAVIT                                   |  | is true and correct and includes all i me under Title 15, Election Code.  | perjury, that the accompanying report information required to be reported by idate or Officeholder |
| AFFIX NOTARY STAN                              |  | the said Will CAMS  | _, this the day  |
| of TEB   | 20 <u>/                                   </u> | tify which, witness my hand and seal of office.   | 2/ /   |
|  |  | Printed name of officer administering path Ti   | / 2 / / 3  |
| Signature of officers                          | idministering oath                             | CAROLYN ADRIAN  | tle of officer administering oath  |

#### Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 1 of 15 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Herbert Evans 5 Full name of contributor out-of-state PAC (ID#\_\_\_\_ 8 In-kind contribution description (if applicable) 7 Amount of contribution (\$) 1-22-2010 Dayid Grassbugh 6 Contributor address; City; State; Zip Code 316 W. 12th St. # 107 100.00 Austin Texas 78701 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Attorney Full name of contributor \_\_\_ out-of-state PAC (ID#:\_ Amount of In-kind contribution contribution (\$) description (if applicable) Scanlan, Buckle & Young Contributor address; City; State; Zip Code 1-26-2010 150.00 602 W. 11th Street Austin, Texas 78701 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorneys Full name of contributor Out-of-state PAC (ID#.) Amount of In-kind contribution contribution (\$) description (if applicable) Joseph A. Turner Contributor address; City; State; Zip Code 1504 West Ave. 1-27-2010 250.00 Austin Texas 78701 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Full name of contributor In-kind contribution ut-of-state PAC (ID#:\_ Amount of contribution (\$) description (if applicable) Philip R. Presse Contributor address: City; State; Zip Code 819 1/2 West 1144 St. 1-18-2010 100.00 Austin, Texas 78701 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#:\_ contribution (\$) description (if applicable) Grorge B. Slade Contributor address; City; State; Zip Code 2244 Walsh Tarlton Surk 210 1-28-2010 100.00 Austin, texas 18746

#### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

Attorney

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

(If travel outside of Texas, complete Schedule T)

#### Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 2 of 15 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Herbert Evans 5 Full name of contributor \_\_\_\_out-of-state PAC (ID#\_\_ 7 Amount of 8 In-kind contribution contribution (\$) description (if applicable) D.J. Miliman 6 Contributor address; City; State; Zip Code 945 Cavalry Ride 7rl 100.00 Austin, Texas 78732 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Attorney Se/f Full name of contributor Amount of In-kind contribution contribution (\$) description (if applicable) David Phillips Contributor address; City; State; Zip Code 207 E. Milton St. Austin, Texas 78204 100.00

|   | ipation / Job title (See Instructions)  Oly Court of Low # /                 | Employer (See | Instructions)               | Treas, somple a sometime if                         |
|---|--|---------------|-----------------------------|---|
| Date  | Full name of contributor out-or-state PAC (ID#                               |               | Amount of contribution (\$) | In-kind contribution<br>description (if applicable) |
| 1-29-2010   | Ed SMall Contributor address: City; State; Zip Code 100 Congress, Suife 1100 |               | 100.00                      | <br>  |
|   | Austin, Texas 18701  | -             | (If travel outside          | <br>of Texas, complete Schedule T)                  |
| Principal occupation / Job title (See Instructions) |  | Employer (See | Instructions)               |   |

| Principal occupation / Job title (See Instructions)  Attorney |   | Sc/4            | Instructions)               |   |
|---|---|-----------------|-----------------------------|---|
| Date  | Full name of contributor out-of-state PAC (ID#:                                   |                 | Amount of contribution (\$) | In-kind contribution<br>description (if applicable) |
| 1-29-2010   | Nichelas S. Tran Contributor address; City; State; Zip Code 1609 Ohlen Rd., St. C |                 | 100.00                      |   |
|   | Austin, Texas 78758   |                 | (If travel outside o        | of Texas, complete Schedule T)                      |
| Principal occ   | upation / Job title (See Instructions)  | Employer (See J | nstructions)                |   |

|   | · · · · · · · · · · · · · · · · · · ·                    |                 | (I) DEADER DURING C         | rexas, complete schedule 1)                         |
|---|--|-----------------|-----------------------------|---|
| Principal occu<br>AHO(ney                           | pation / Job title (See Instructions)                    | Employer (See I | nstructions)                |   |
| Date  | Full name of contributor cut-of-state PAC(10#            |                 | Amount of contribution (\$) | In-kind contribution<br>description (if applicable) |
| صاعد-9 د-1  | Contributor address; City; State; Zip Code 508 ル. /よれ 好. |                 | 250.00                      |   |
|   | Austin, Texas 78701                                      |                 | (if travel outside o        | of Texas, complete Schedule T)                      |
| Principal occupation / Job title (See Instructions) |  | Employer (See 1 | nstructions)                |   |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

#### P.O. Box 12070 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 3 of 15 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Herbert EVANS 5 Full name of contributor 8 In-kind contribution 7 Amount of Out-of-state PAC (ID#. description (if applicable) contribution (\$) 1-19-2010 Chris Gunter & Alan Bennet 6 Contributor address; City; State; Zip Code 600 W. Ninth St. 500.00 Austin, Texas 78701 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Attorneys Je IF Full name of contributor Amount of In-kind contribution contribution (\$) description (if applicable) Philip C. Friday Jr. Contributor address: City: State; Zip Code 700 Lavaca Street, Suite 1150 100.00 Austin. Texas 78701 (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Full name of contributor Out-of-state PAC (ID# Amount of in-kind contribution contribution (\$) description (if applicable) Agmiro Lopez & Brad Urrufia. Contributor address; City; State; Zip Code 801 W. Olforf St. 1-29-2010 100.00 Austin, Texas 78704 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) AHOrneys Full name of contributor Out-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) Josh Saegert ? Jodi C. Cole Contributor address; City; State; Zip Code 609 W. 9th St. 200.00 Austin, Texas 78701 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See instructions) Employer (See Instructions) Attorneys Full name of contributor \_\_\_out-of-state PAC (ID#\_ In-kind contribution contribution (\$) description (if applicable) Rose mary Cottman Contributor address; City; State; Zip Code 3305 North land D. Ste 500 1-30-2010 100.00 Austin, Texas 78731 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Att orney ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

#### P.O. Box 12070 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 4 of 15 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Herbert Evans 5 Full name of contributor 7 Amount of 8 In-kind contribution ut-of-state PAC (ID#: contribution (\$) description (if applicable) William C. Bednar 2-1-2010 6 Contributor address; City; State; Zip Code 100.00 203 West 32nd St. Austin, texas 78705 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Sc/f AHOTORY Full name of contributor Out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) Armbrust & Brown Contributor address: City: State: Zip Code 100 Congress Avenue, Suite 1300 2-1-2010 100.00 Austin, Texas 78701 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Full name of contributor out-of-state PAC (ID#. Amount of In-kind contribution contribution (\$) description (if applicable) Contributor address; City; State; Zip Code 8/2 West 11th St., Suite 201 2-1-2010 100.00 Austin, Texas 78701 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorneys Se/ F Full name of contributor Out-of-state PAC (ID#: In-kind contribution Amount of contribution (\$) description (if applicable) Barron + Newburger Contributor address; City; State; Zip Code 2-1-2010 1212 Guadalupe, suite 104 100.00 Austin, Texas 78701 (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorneys Se IF Full name of contributor Amount of In-kind contribution contribution (\$) description (if applicable) Don Dworin Contributor address; City; State; Zip Code 2-2-2010 200.00 700 Lavaca St., Ste 1550 Austin, Texas 78701 (If travel outside of Texas, complete Schedule 1) Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

### SCHEDULE A

| The Instruct   | tion Guide explains how to complete this form.                                   |                  | 1 Total pages Sch             |   |
|--|--|------------------|-------------------------------|---|
|  |  | ·                | 5 04 /                        |   |
| FILER NAI<br><i>Herbert</i>                                  | ·· <del>·</del>  |                  | 3 ACCOUNT# (EII               | nics Commission Mers)                             |
| Date   | 5 Full name of contributor out-of-state PAC (ID#:                                | )                | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable |
| 1-2-2010   | P. Dovid Wahlberg 6 Contributor address; City; State; Zip Code 1 1 0 8 West Ave. | ., <i>,</i> ,,   | 100.00                        | \<br> <br>  |
| · · · · · · · · · · · · · · · · · · ·                        | Austra, Texas 78701  |                  | (If travel outside            | of Texas, complete Schedule                       |
| Principal occ<br>Attorney                                    | upation / Job title (See Instructions)   | 10 Employer (See | Instructions)                 |   |
| Date   | Full name of contributor   | )                | Amount of contribution (\$)   | In-kind contribution<br>description (if applicabl |
| 2-2-2010   | Contributor address; City; State; Zip Code 806 W. 11th St.                       |                  | 100.00                        |   |
|  | Austin, Texas 18701  |                  |                               | <br>of Texas, complete Schedule                   |
| - 4 -  | upation / Job title (See Instructions)   | Employer (See I  | instructions)                 |   |
| Attorney   |  | sclf             |                               |   |
| Date   | Full name of contributor Out-of-state PAC (ID#                                   |                  | Amount of contribution (\$)   | In-kind contribution description (if applicable   |
| -2-2010  | Dawn C. Coronado  Contributor address; City; State; Zip Code  5602 Palisade Cf.  |                  | 250.00                        | <br>  |
|  | Austin, Texas 78731  |                  | (if travel outside o          | f<br>of Texas, complete Schedule                  |
|  | upation / Job title (See Instructions)<br>x fra ordinaine                        | Employer (See I  | nstructions)                  |   |
| Date   | Full name of contributor out-of-state PAC (ID#                                   | )                | Amount of contribution (\$)   | In-kind contribution<br>description (if applicabl |
| -2-2010  | Contributor address; City; State; Zip Code 4443 Crestway Dr.                     | •                | 100.00                        | <b>!</b>  |
|  | Austin, Texas 18731  |                  | (If travel outside o          | of Texas, complete Schedule 1                     |
| Principal occu<br>1461044                                    | ipation / Job title (See Instructions)   | Employer (See )  | nstructions)                  |   |
| Date   | Full name of contributor out-of-state PAC (ID#:                                  |                  | Amount of                     | In-kind contribution                              |
| - 2-3010   | Enic B. Hartman Contributor address; City; State; Zip Code 2114 Indian Trail     |                  | contribution (\$)             | description (if applicable                        |
| :<br>  | Austin, tex as 78703   |                  |                               | of Toyon complete Schedule 3                      |
| Principal occupation / Job title (See Instructions)  Afformy |  | Employer (See )  |                               | of Texas, complete Schedule                       |

| 3-2-20/0  Steve Turro 6 Contributor address; City: State: Zip Code 400 World 13 th Street Austin, Texas 3870/  Principal occupation / Job title (Soc Instructions)  Principal occupation / Job title (Soc Instructions)  Scott  Contributor address; City: State: Zip Code 1304 Alucces Austin, Texas 3870/  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Sc/f  Amount of contribution  contribution (3) description (if applicable)  3-2-20/0  Contributor address: City: State: Zip Code  700 Lavaca st. Ste ISSO  Alterney  Date  Full name of contributor   cacd-data PAC(Diff)   Contribution (3)   Contribution (4)   Contribution (5)    Employer (See Instructions)  Full name of contribution   cacd-data PAC(Diff)   Contribution (5)   Contribution (6)   Contribution (7)   Contribution (7               | The Instruct | ion Guide explains how to complete this form.   |               | 1 Total pages Sche   |  |
|--|--------------|---|---------------|----------------------|--|
| ## Date   5 Full name of contributor   |              |   |               | 6 of 1.              | 5  |
| 4 Date 5 Full name of contributor  |              | ·· <del>·</del>                                 |               | 3 ACCOUNT# (Eth      | ics Commission filers)                             |
| Steve Turro 6 Contribution (S) description (if applicable) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) 3 Employer (See Instructions) 3 Employer (See Instructions) 4 Steve Turro 10 Employer (See Instructions) 3 Employer (See Instructions) 4 Steve Turro 10 Employer (See Instructions) 5 Employer (See Instructions) 5 Employer (See Instructions) 6 Contribution address; City: State: Zip Code 1 3 Steve Turro 1 Amount of contribution (if applicable) 1 Steve Turro 1 Amount of contribution (if applicable) 2 - 2 - 20 / 0 Contributor address; City: State: Zip Code 1 3 Steve Turro 2 - 3 Steve Turro 3 Steve Turro 4 Steve Turro 5 Employer (See Instructions) 6 Employer (See Instructions) 7 Employer (See Instructions) 7 Employer (See Instructions) 8 Employer (See Instructions) 9 In-kind contribution (if applicable) 10 In-kind contribution (if applica               | Herbert      | Evans   |               |                      |  |
| 2-3-20/0 6 Contributor address; City; State; Zip Code 494 West 13 h Street Austin, 7exab 7870/ 9 Principal occupation / Job Bitle (See Instructions) Afterney  Date Full name of contributor   osco-state PAC(De   250.00   10 Employer (See Instructions) Sciff Contributor address; City; State; Zip Code 1304 Alucces Austin, 7exab 7870/ Principal occupation / Job Bitle (See Instructions)  Employer (See Instructions) Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (if applicable)  250.00  Principal occupation / Job Bitle (See Instructions)  Eva Eakin Wisser  Contributor address; City; State; Zip Code 821 W. I/Hs Street Austin, 7exab 7870/  Principal occupation / Job Bitle (See Instructions)  Employer (See                | 4 Date       | La out-state : no flow.                         |               | 1 .                  | 8 In-kind contribution description (if applicable) |
| ### World 13 Ah Street ### World 14 An Street ### World 15 Ah An World 15 An World 1               | 0 5 10/0     | 1   |               |                      | 1  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (Se               | 4-4-4VI-     |   |               | 100.00               |  |
| Date   Full name of contributor  |              | <u>-   </u>                                     |               | (if travel outside o | of Texas, complete Schedule T)                     |
| Date   Full name of contributor     Oat-d-state PAC (IDF   Amount of contribution (\$)   In-kind contribution (\$)   S(off C. Sm/f).   Contributor address; City: State: Zip Code   J304 N/UCCES   AUStin, Texas 7870/ (If travel outside of Texas, complete Schedule T)   Principal occupation / Job title (See Instructions)   Employer (See Instructions)   Sc/f   Amount of contribution (\$)   description (If applicable)   Amount of contributor (\$)   Contributor address: City: State: Zip Code   AUStin, Texas 7870/ (If travel outside of Texas, complete Schedule T)   Principal occupation / Job title (See Instructions)   Employer (See Instructions)   Employer (See Instructions)   Employer (See Instructions)   Austin, Texas 7870/ (If travel outside of Texas, complete Schedule T)   Date   Full name of contributor   Oat-d-state PAC (IDE   Amount of contribution (\$)   Date   Principal occupation / Job title (See Instructions)   Employer (See Instructions)   Sc/f   Soc.oo   Austin, Texas 7870/ (If travel outside of Texas, complete Schedule T)   Principal occupation / Job title (See Instructions)   Employer (See Instructions)   Employer (See Instructions)   Contributor address: City: State: Zip Code   700 LavaCa 54. Sfe ISSO   Austin, Texas 7870/ (If travel outside of Texas, complete Schedule T)   Principal occupation / Job title (See Instructions)   Employer (See Instructions)   Contribution (\$)   Date   Texas, complete Schedule T)   Principal occupation / Job title (See Instructions)   Employer (See Instructions)   In-kind contribution   Contribution (\$)   Contributor address: City: State: Zip Code / 84/0   Fin 94.9   Full name of contributor   Oated date PAC (IDE   Amount of contribution (\$)   Date   In-kind contribution (\$) |              |   | 1 ' ' ' ' ' ' | Instructions)        | _  |
| Scott C. Smith Contributor address; City: State: Zip Code   304 Nucces     Austin, Texas 78701   (If travel outside of Texas, complete Schedule T)   |              | 1   | )             | Amount of            | In-kind contribution                               |
| Contributor address; City: State: Zip Code   1304 Nucces     Austin, 1ex as 78701   Employer (See Instructions)   Principal occupation / Job title (See Instructions)   Employer (See Instructions)  | Date         |   |               |                      | description (if applicable)                        |
| Principal occupation / Job title (See Instructions)    Employer (See Instructions)   Employer (See Instructions)   | 2-2-2010     | Contributor address; City; State; Zip Code      |               | 250.00               |  |
| Principal occupation / Job title (See Instructions)  Afterney  Date  Full name of contributor  |              | 1   | ·             | (If travel outside c | of Texas, complete <u>Schedule T)</u>              |
| Date  Full name of contributor   Oxt-of-state PAC (ID#   Amount of contribution (\$)   In-kind contribution (\$)    E.V.a. E.A.K.in. W. ISSEC   IDE   Oxt-of-state PAC (ID#   Amount of contribution (\$)    E.V.a. E.A.K.in. W. ISSEC   IDE             |              | pation / Job title (See Instructions)           | ' ' '         |                      |  |
| EVA EAKIN WISSER  Contributor address; City; State; Zip Code  8 2 I W. IIH Street  Austro, Texas 7870 / [if travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$) description (if applicable)  David A. Sheppard  Contributor address; City; State; Zip Code  700 Lavaca St. Ste ISSO  Austro, Texas 7870 / [if travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Scif  Amount of contribution (\$) In-kind contribution description (if applicable)  Tames 0, Burke  2-2-20/0 Contributor address; City; State; Zip Code  // 84/0 FM 969  Manor, Texas 7863 / (if travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  In-kind contribution description (if applicable)  // 00.00 // 100.00 //              | Attorney     |   | Sc/4          |                      |  |
| 2-3-20/0 Contributor address: City; State; Zip Code 82   W.   I/th Street Ausfrn, 7cxas 7870   (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (if applicable)  Date  Full name of contributor  | Date         |   |               | ,                    |  |
| ### Principal occupation / Job title (See Instructions)  Employer (See Instructions)   |              |   |               |                      | 1  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Sc/f  Date  Full name of contributor  | 2-2-2010     |   |               | 100.00               | I  |
| Principal occupation / Job title (See Instructions)  ## UTACLY  Date  Full name of contributor  David A. Shepperd  Contributor address; City; State; Zip Code  Ausfin, Texas 18701  Principal occupation / Job title (See Instructions)  ## Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Full name of contributor  Contributor address; City: State; Zip Code  Ausfin, Texas 18701  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (if applicable)  Contributor address; City: State; Zip Code  184/0 Fin 969  Menor, Texas 18653  Employer (See Instructions)  |              | Austra, Texas 78701                             |               | (if travel outside c | of Texas, complete Schedule T)                     |
| David A. Sheppard Contributor address: City: State: Zip Code 700 Lavala St. Ste ISSO Austin, 7exas 78701  Principal occupation / Job title (See Instructions)  Pate Full name of contributor  Date Full name of Contributor  Contributor address: City: State: Zip Code 184/0 Fm 969  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution description (if applicable)  James O. Burke Contributor address: City: State: Zip Code 184/0 Fm 969  Manor, 7exas 7863  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)   |              | pation / Job title (See Instructions)           |               | nstructions)         |  |
| David A. Sheppard Contributor address; City; State; Zip Code 700 Lavala St. Ste ISSO  Austin, 7exas 78701  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Full name of contributor  James O. Burke Contributor address; City; State; Zip Code 18410 FM 969  Manor, 7exas 71653  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$) in-kind contribution description (if applicable)  [If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)   | Date         | Full name of contributorout-of-state PAC (ID#:  |               |                      |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (In-kind contribution description (If applicable)  Contributor address; City; State; Zip Code / 00.00  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  |              | David A. Sheppard                               |               | contribution (\$)    | description (if applicable)                        |
| Ausfin, 7exas 78701  Principal occupation / Job title (See Instructions)  Afformery  Date  Full name of contributor  Contributor address; City; State; Zip Code  184/0 FM 969  Manor, 7exas 71653  (If travel outside of Texas, complete Schedule T)  (If travel outside of Texas, complete Schedule T)  Amount of contribution (\$) description (if applicable)  700.00  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  | 7-7-2010     |   |               | 500.00               | í  |
| Principal occupation / Job title (See Instructions)  Afforncy  Date  Full name of contributor  Out-of-state PAC (ID#   | ļ            |   | ļ             |                      | l  |
| Date Full name of contributor out-of-state PAC (ID#  |              |   |               | (if travel outside o | of Texas, complete Schedule T)                     |
| Contribution (\$) description (if applicable)  2-2-20/0 Contributor address; City; State; Zip Code   |              | pation / Job title (See Instructions)           |               | nstructions)         |  |
| James 0. Burke  2-2-20/0 Contributor address; City; State; Zip Code /84/0 FM 969  Manor, 7cx as 78653  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)   | Date         | Full name of contributor out-of-state PAC (ID#: |               |                      |  |
| 2-2-20/0 Contributor address; City; State; Zip Code /84/0 FM 969  Manor, 1cx as 71653  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)   |              | James O. Burke                                  | - :           | contribution (\$)    | description (if applicable)                        |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)   | 2-2-2010     | Contributor address; City; State; Zip Code      |               | 100.00               | Í  |
| Principal occupation / Job title (See Instructions) Employer (See Instructions)  |              | Manor, Texas 78653                              |               | (If travel outside o | of Texas, complete Schedule T)                     |
|  |              | pation / Job title (See Instructions)           |               |                      |  |
|  |              | ATTACH ADDITIONAL COPIES                        |               | ALEEDED              |  |

| The Instruct               | ion Guide explains how to complete this form.                               |   | 1 Total pages Sche            |   |
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| FILER NAM                  | AE .  |   | 3 ACCOUNT# (Eth               | iles Commission filers)                             |
| Herbert &                  | rans  |   |                               |   |
| 1 Date                     | 5 Full name of contributor   out-of-state PAC (ID#                          |   | 7 Amount of contribution (\$) | 8 in-kind contribution description (if applicable   |
| 2-2-2010                   | 6 Contributor address; City; State; Zip Cod 1112 Cripple Creek Or.          |   | 100.00                        | <br>  |
|                            | Austin, Toxas 78758   | •                                       | (If travel outside o          | <br>of Texas, complete Schedule T)                  |
| Principal occ  Attorney    | upation / Job title (See Instructions)                                      | 10 Employer (See                        | Instructions)                 |   |
| Date                       | Full name of contributor out-of-state PAC (ID#                              | )                                       | Amount of                     | In-kind contribution                                |
| 2-2-2010                   | Francis Williams Monten Contributor address; City; State; Zip Cod           |   | contribution (\$)             | description (if applicable                          |
|                            | Austin, Texas 78701   |   | (If travel outside o          | f Texas, complete Schedule T)                       |
| Principal occi             | upation / Job title (See Instructions)                                      | Employer (See                           |                               |   |
| Attorney                   |   | 5014                                    |                               |   |
| Date                       | Full name of contributor   out-of-state PAC (ID#:_                          | )                                       | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 2-2-20/0                   | Ruby A. Felan Contributor address; City; State; Zip Cod 1748 Ohlen Rd       | • · · · · · · · · · · · · · · · · · · · | 60.00                         |   |
|                            | Austin, Texas 78757   |   | (if travel outside o          | of Texas, complete Schedule T)                      |
| Principal occu             | pation / Job title (See Instructions)                                       | Employer (See                           | Instructions)                 |   |
| Date                       | Full name of contributor out-of-state PAC (ID#                              | )                                       | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
| 2-2-2010                   | NICK DUNCON Contributor address; City; State; Zip Code 2/35 Barten H. ///   |   | 100.00                        |   |
|                            | Austin, Texes 78704   |   | (If travel outside o          | f Texas, complete Schedule T)                       |
| Principal occu<br>Attorney | pation / Job title (See Instructions)                                       | Employer (See                           | Instructions)                 |   |
| Date                       | Full name of contributorout-of-state PAC (ID#                               |   | Amount of contribution (\$)   | in-kind contribution<br>description (if applicable) |
| 1-2-20/0                   | Alberto Carcia Contributor address; City; State; Zip Code 1715 5. / 64. 54. |   | 100.00                        |   |
|                            | Austin, Texas 78704   |   | (If travel outside o          | f Texas, complete Schedule T)                       |
| Principal occu             | pation / Job title (See Instructions)                                       | Employer (See   Se/F                    | <del></del>                   |   |
| ,                          | ATTACH ADDITIONAL COPIE   | ES OF THIS FORM AS                      | S NEEDED                      |   |

### SCHEDULE A

1-800-325-8506

| The Instruction Guide explains how to complete this form. |  |                  | 1 Total pages Schedule A:  8 of 15 |   |
|---|--|------------------|------------------------------------|---|
| 2 FILER NAM   | 1E   |                  | 3 ACCOUNT # (Ett                   |   |
| Herbert &   | vans   |                  |                                    |   |
| 4 Date  | 5 Full name of contributorout-of-state PAC (ID#:   |                  | 7 Amount of contribution (\$)      | 8 In-kind contribution description (if applicable)  |
| 2-2-2010  | Minton, Burton, Foster & Coll. 6 Contributor address; City; State; Zip Code 1/00 Guadalupe St. | ins              | 1,000.00                           | ;<br>[  |
|   | Austin, Texas 78701  |                  | (If travel outside                 | <br>of Texas, complete Schedule T)                  |
| 9 Principal occu<br>Attorney                              | upation / Job title (See Instructions)   | 10 Employer (See | Instructions)                      |   |
| Date  | Full name of contributor \( \precedent \alpha \alpha \cdot \state PAC (ID#                     |                  | Amount of contribution (\$)        | In-kind contribution<br>description (if applicable) |
| 2-2-2010  | Contributor address; City; State; Zip Code 919 Congress Ave, Suite 4                           |                  | 100.00                             |   |
|   | Austin, Texas 78701  |                  | (If travel outside o               | of Texas, complete Schedule T)                      |
| Principal occu<br>Attorney                                | pation / Job title (See Instructions)  | Employer (See    |                                    |   |
| Date  | Full name of contributor out-of-state PAC (ID#   |                  | Amount of contribution (\$)        | In-kind contribution<br>description (if applicable) |
| 2-2-2010  | Karen M. Sonleitner  Contributor address: City; State; Zip Code  1912 Pasadena D.              |                  | 500.00                             |   |
|   | Austin, Texas 78757  |                  | (If travel outside o               | of Texas, complete Schedule T)                      |
| Principal occu<br>Aud:+or                                 | pation / Job title (See Instructions)  | Employer (See I  | •                                  |   |
| Date  | Full name of contributor out-of-state PAC (ID#:  | )                | Amount of contribution (\$)        | In-kind contribution<br>description (if applicable) |
| 2-2-2010  | Contributor address; City; State; Zip Code 605 W. 1014 St.                                     |                  | 100.00                             |   |
|   | Austin, Texas 78701  |                  | (If travel outside o               | of Texas, complete Schedule T)                      |
| Principal occu  | pation / Job title (See Instructions)  | Employer (See I  |                                    |   |
| Date  | Full name of contributorout-of-state PAC (10#:   |                  | Amount of                          | In-kind contribution                                |
|   | Andy Casey ! Sora Cosey  |                  | contribution (\$)                  | description (if applicable)                         |
| 2-2-20/0  | Contributor address; City; State; Zip Code 8705 Shoal Creek Blvd, Su.                          | ,te 202          | 100.00                             |   |
|   | Austin, Texas 78757  |                  | (If travel outside o               | of Texas, complete Schedule T)                      |
|   | pation / Job title (See Instructions)  | Employer (See I  | netructions)                       |   |

| THE INSUICE                      | ion Guide explains how to complete this form.   |                                  | 1 Total pages Sche            |   |
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|                                  |   |                                  | 9 01 15                       |   |
| 2 FILER NAM                      |   |                                  | 3 ACCOUNT# (Eth               | ilcs Commission filers)                             |
| Herbert E                        | <del></del>   |                                  | <u> </u>                      | <del>,</del>  |
| 4 Date                           | 5 Full name of contributor out-of-state PAC (ID#  | )                                | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable   |
| 2-2-2010                         | Bobert Notzon  6 Contributor address; City; State; Zip Code  509 W. 1414 St.  |                                  | 100.00                        | <br>  |
| :                                | Austin, Texas 78201   |                                  | (if travel outside            | of Texas, complete Schedule T)                      |
| 9 Principal occu<br>Attorney     | upation / Job title (See Instructions)  | 10 Employer (See                 | Instructions)                 |   |
| Date                             | Full name of contributorout-of-state PAC (ID#:  |                                  | Amount of                     | In-kind contribution                                |
|                                  | John H. Lipscombe   |                                  | contribution (\$)             | description (if applicable)                         |
| 2-2-2010                         | Contributor address; City; State; Zip Code  |                                  | 100.00                        |   |
|                                  | Austin, Texas 78731   |                                  | (If travel outside o          | <br>of Texas, complete Schedule T)                  |
| Principal occu<br>Attorney       | pation / Job title (See Instructions)   | Employer (See I                  | <del> </del>                  |   |
| Date                             | Full name of contributor out-of-state PAC (ID#  |                                  | Amount of                     | In-kind contribution                                |
| 2-2-2010                         | Charlie Baird Contributor address; City; State; Zip Code P.O. BOX 1343  | ·                                | /00.00                        | description (if applicable)                         |
|                                  | Austin, Texas 18767   |                                  | (if travel outside o          | <br>of Texas, complete Schedule T)                  |
| Principal occu<br>Principal occu | pation / Job title (See Instructions) Judge   | Employer (See I                  |                               |   |
| Date                             | Full name of contributor \( \subseteq \text{out-of-state PAC (ID#}\)  Mary Kay SICO/A  Contributor address; City; State; Zip Code |                                  | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
| A- P- D                          | 7076 West Lynn St.  |                                  | 500.00                        |   |
|                                  | Austin, Texas 78703   |                                  |                               | of Texas, complete Schedule T)                      |
| Principal occup  Attorney        | pation / Job title (See Instructions)   | Employer (See I<br>7exas Legal I | •                             |   |
| Date                             | Full name of contributor out-of-state PAC (ID#  |                                  | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 2-2-2010                         | Robert Icenhauer - Ramire Contributor address; City; State; Zip Code 1/03 Nucces St.  | <u>'</u>                         | 100.00                        |   |
| 1                                | Austin, Texas 18701   |                                  | ANT C I DOMENTAL O            |   |
| 1                                | ***   |                                  | nstructions)                  | of Texas, complete Schedule T)                      |

| The Instruct               | ion Guide explains how to complete this form.  |                  | 1 Total pages School          | edule A:  |
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| FILER NAM                  |  |                  | 3 ACCOUNT# (Ett               | nics Commission filers)                             |
| 1 Date                     | 5 Full name of contributor out-of-state PAC (ID#:  |                  | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)  |
| 2-2-2010                   | Franklin Scott Spears, Jr. 6 Contributor address; City; State; Zip Code 901 S. Mo Pac Expy |                  | 100.00                        |   |
|                            | Austin, Texas 78746  |                  | (If travel outside            | (<br>of Texas, complete Schedule T)                 |
| Principal occi<br>Attorney | upation / Job title (See Instructions)   | 10 Employer (See | Instructions)                 |   |
| Date                       | Full name of contributor Out-of-state PAC (ID#:  | )                | Amount of                     | In-kind contribution                                |
|                            | David L. Botsford  |                  | contribution (\$)             | description (if applicable)                         |
| d-d-d010                   | Contributor address; City; State; Zip Code 1367 West Avenue                                | ·                | 250.00                        | <b>.</b>  |
|                            | Austin, Texas 78701  |                  | (if trave) outside o          | of Texas, complete Schedule T)                      |
| Principal occu             | ipation / Job title (See Instructions)   | Employer (See    |                               |   |
| Date                       | Full name of contributorout-of-state PAC (ID#  |                  | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
|                            | Jamie Spencer  |                  | (1)                           | ,             |
| 2-2-2010                   | Contributor address; City; State; Zip Code 813 San Antonio St., Suit                       | . Un 2           | 100.00                        |   |
|                            | Austin Texas 78701   | . ,00            | (If travel outside o          | of Texas, complete Schedule T)                      |
| Principal occu<br>Attorney | pation / Job title (See Instructions)  | Employer (See (  |                               | r restat, complete contents y                       |
| Date                       | Full name of contributorout-of-state-PAC (ID#:   | )                | Amount of                     | In-kind contribution                                |
| <u> </u>                   |  |                  | contribution (\$)             | description (if applicable)                         |
|                            | Bobby R, Taylor  Contributor address; City; State; Zip Code                                |                  | ,<br>I                        |   |
| 2-2-2010                   | Contributor address; City; State; Zip Code 1709 East Martin Luther K                       | ing Jr. Blod     | 250.00                        |   |
|                            | Austin, Texas 18702  |                  | (If travel outside o          | f Texas, complete Schedule T)                       |
| Principal occu<br>Attorney | pation / Job title (See Instructions)  | Employer (See I  |                               |   |
| Date                       | Full name of contributor   Qu4of-state PAC (ID#:   | ,                | Amount of                     | In-kind contribution                                |
|                            | Polk Shelton   |                  | contribution (\$)             | description (if applicable)                         |
| -2-2010                    | Contributor address; City; State; Zip Code 600 Ciffle Oak Or.                              |                  | 150.00                        | Musician performance at 2-2-10 Fundraiser           |
|                            | Austin, Texas 78753  |                  | 1                             | J-J-/o Fundraiser  f Texas, complete Schedule T)    |
| Principal occup            | pation / Job title (See Instructions)  | Employer (See II |                               | Texas, complete Schedule 1)                         |
| in in it                   |  | 3017             |                               | , <u>, , , , , , , , , , , , , , , , , , </u>       |
|                            |  |                  |                               |   |

Attorney

#### Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 11 of 15 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Herbert Evans 5 Full name of contributor out-of-state PAC (ID#:\_ 7 Amount of 8 In-kind contribution contribution (\$) description (if applicable) Use of Allan House Day Ross dba Allan House 2-2-2010 6 Contributor address; City; State; Zip Code 1,340.00 1104 San Antonio Austin, Texas 78701 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Attorney Self. Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) Wade H. Russell. Contributor address; City: State; Zip Code 2-3-2010 100.00 404 W. 1314 St. Austin, Texas 78701 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Date Full name of contributor Out-of-state PAC (ID#:\_ Amount of In-kind contribution contribution (\$) description (if applicable) John W. Pleuthner Contributor address; City; State; Zip Code 2-3-2010 100.00 3508 For West Blud., Suite 190 Austin, Texas 78731 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) Sharlann m. Roe Contributor address; City; State; Zip Code

|                           | 808 W. 11th Street  |                 | 100.00  |  |
|---------------------------|---|-----------------|---|--|
|                           | Austin, Texas 78701   |                 | (If travel outside of Texas, complete Schedule T) |  |
| Principal occ<br>Attorney | supation / Job title (See Instructions)                                     | Employer (See i | nstructions)                                      |  |
| Date                      | Full name of contributor out-of-state PAC (ID#:                             |                 | Amount of contribution (\$)                       | In-kind contribution description (if applicable) |
| 2-4-2010                  | J. Terry Weeks  Contributor address; City; State; Zip Code  1607 Nucles St. |                 | 100.00  |  |
|                           | Austin, Texas 18701   |                 | (If travel outside of Texas, complete Schedule 1  |  |
| Principal occ             | supation / Job title (See Instructions)                                     | Employer (See I | nstructions)                                      |  |

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| 2 FILER NAM   | AT  | <u> </u>          | 3 ACCOUNT# (Et)               |   |
| Herbent &   | ·· <del>·</del>   |                   | 3 11000011111 (22             | and contained in ergy                               |
| 4 Date  | 5 Full name of contributor out-of-state PAC(ID#:  | )                 | 7 Amount of contribution (\$) | 8 in-kind contribution description (if applicable)  |
| 2 42010   | Gregory Hitt<br>6 Contributor address; City; State; Zip Code<br>8/2 Son Antonio St. St. 100 | <i></i>           |                               | !<br>   |
| 2-4-2010  |   | •                 | 100.00                        | ]   |
|   | Austra, Texas 78701   |                   | <u> </u>                      | of Texas, complete Schedule T)                      |
|   | upation / Job title (See Instructions)  | 10 Employer (See  | Instructions)                 |   |
| Attorney  |   | Self              |                               |   |
| Date  | Full name of contributor out-of-state PAC (fiD#:  |                   | Amount of contribution (\$)   | in-kind contribution<br>description (if applicable) |
| 1   | Tuy Nhi Morel   |                   | -                             |   |
| 2-4-2010  | Contributor address; City; State; Zip Code 3508 For West Blvd. Ste.                         |                   | 100.00                        |   |
|   | Austin, Tx. 18731   |                   |                               |   |
| Principal occu  | upation / Job title (See Instructions)  | Employer (See I   |                               | of Texas, complete Schedule T)                      |
| Attorney  |   | seif              |                               |   |
| Date  | Full name of contributor  | )                 | Amount of                     | In-kind contribution                                |
|   | 11-11 0 41  | •                 | contribution (\$)             | description (if applicable)                         |
|   | Contributor address; City; State; Zip Code  |                   |                               |   |
| 8-3-2010  | P. O. Box 5843  | •                 | 200.00                        |   |
|   |   |                   |                               |   |
|   | Austin, Tx 18763  |                   | (If travel outside o          | of Texas, complete Schedule T)                      |
| Principal occupation / Job title (See Instructions)  U.S. Congress Representative, Congressional District 25  United State Federal Bovern |   |                   |                               | n-f   |
| Date  | Full name of contributor Out-of-state PAC (ID#:   | )                 | Amount of                     | In-kind contribution                                |
| <del>-</del>  |   |                   | contribution (\$)             | description (if applicable)                         |
|   | Charles Herring Jr. & Virginia A  | gnew              |                               |   |
| 2-6-2010  | Contributor address; City; State; Zlp Code  |                   | 100.00                        |   |
|   | 1204 Castle Hill St.  |                   | 700.00                        |   |
|   | Austin, 1x. 78703   |                   |                               |   |
| Principal accu  | pation / Job title (See Instructions)   | Employer (See I   |                               | f Texas, complete Schedule T)                       |
| Attorneys   | paten / Job tide (Gee manuccoris)   | Sc/f              | risu dedoris)                 |   |
| Date  | Full name of contributor  | \                 | Amount of                     | In-kind contribution                                |
|   |   |                   | contribution (\$)             | description (if applicable)                         |
| Andrew J. Forsythe  |   |                   |                               |   |
| 2-8-2010  | Contributor address; City; State; Zip Code  |                   |                               |   |
|   | 3400 Crosswind Or.  |                   | 100.00                        |   |
|   | Contributor address; City; State; Zip Code 3 a 0 0 Crasswind D.  Sprccwood, 71. 78669       |                   |                               | 6 Towns - complete Oaksdule To                      |
| Principal occur   | pation / Job title (See Instructions)   | Employer (See I   |                               | f Texas, complete Schedule T)                       |
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|   |   |                   |                               |   |
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| If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.                                    |   |                   |                               |   |

### SCHEDULE A

| The Instruct  | tion Guide explains how to complete this form.   |  | 1 Total pages Scho            |   |
|---|--|--|-------------------------------|---|
| 2 FILER NAME  |  |  | 3 ACCOUNT# (EI                | nics Commission filers)                           |
| Herbert E   | VANS   |  |                               |   |
| \$ Date   | 5 Full name of contributorout-of-state PAC (ID#:   |  | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable |
| 5-8-2010  | Richard Hoff man   |  |                               | •<br>•  |
| 7-8-2010  | 6 Contributor address; City; State; Zip Code   |  | 100.00                        | ·<br>}  |
|   | 611 J. Congress # d10  |  | ·                             | 1   |
|   | Austin, Tx . 78704   | <del></del>                                | <u> </u>                      | of Texas, complete Schedule T                     |
| Principal occ<br>Ottorney   | upation / Job title (See Instructions)   | 10 Employer (See                           | Instructions)                 |   |
| Date  | Full name of contributor aut-of-state PAC (ID#   |  | Amount of contribution (\$)   | In-kind contribution                              |
|   | David M. Cofffeed  |  | counting (2)                  | description (if applicable                        |
| 2-8-2010  | Contributor address; City; State; Zip Code 1505 West 5/44 54.  |  | 250.00                        | 1   |
|   |  |  |                               |   |
|   | Austra, Texas 18703  |  |                               | of Texas, complete Schedule T)                    |
| Principal occi<br>P++orney  | upation / Job title (See Instructions)   | Employer (See I                            | nstructions)                  |   |
| Date  | Full name of contributor Casol state PAC (ID)  | <i>B</i> -0,7                              | Amount of                     | In-kind contribution                              |
| Date  | Full name of contributor   |  | contribution (\$)             | description (if applicable                        |
| 3-10-2010   | Contributor address; City; State; Zip Code   |  | 75.00                         |   |
|   | 6112 Highlandale Dr.   |  | 15.00                         | <br>  |
|   | Austin, Texas 78731  |  | (If travel outside o          | of Texas, complete Schedule T)                    |
| Principal occupation / Job title (See Instructions)  Administrative Assistant |  | Employer (See Instructions)  Travis County |                               |   |
|   |  | Trayis County                              |                               |   |
| Date  | Full name of contributor \( \begin{align*}     \text{dut-of-state-PAC (ID)#.}   \\     \text{Bennie E. Ray} \\ |  | Amount of contribution (\$)   | In-kind contribution description (If applicable)  |
| 2-10-2010   | Contributor address; City; State; Zip Code 7/0 W. 14/4 St. Surfe C   |  | 100.00                        |   |
|   | Austra, Texas 78701  |  | (if travel outside o          | f Texas, complete Schedule T)                     |
| Principal occu<br>Afforncy  | pation / Job title (See Instructions)  | Employer (See I                            |                               |   |
| Date  | Full name of contributor   Out-of-state PAC (ID#:  | )  | Amount of                     | In-kind contribution                              |
| ) /0-20/0   | Bruce Fox Contributor address; City; State; Zip Code   |  | contribution (\$)             | description (if applicable)                       |
|   | 404 w. 13th street   |  | do0.00                        |   |
|   | Austin, Texas 78701  |  | i<br>(If travel outside o     | f Texas, complete Schedule T)                     |
| Principal occu  | pation / Job title (See Instructions)  | Employer (See II                           |                               |   |

| The Instructi   | ion Guide explains how to complete this form.   |                   | 1 Total pages Sche          |   |
|---|---|-------------------|-----------------------------|---|
| 2 FILER NAM   |   | <del></del>       | 3 ACCOUNT# (EII             |   |
| Herbert &   | <del>-</del>  |                   |                             |   |
| 4 Date  |   |                   | 7 Amount of                 | 8 In-kind contribution                              |
|   |   |                   | contribution (\$)           | description (if applicable)                         |
| 2-10-2010   | Craig Davis 6 Contributor address; City; State; Zip Code 919 Congress Ave # 450 Austin, Texas 78701 | <b>:</b>          | 400.00                      | 1   |
|   | Austin, Texas 78701   |                   | (If travel outside o        | of Texas, complete Schedule T)                      |
|   | upation / Job title (See Instructions)  | 10 Employer (See  | Instructions)               |   |
| Attorney  |   | self              |                             |   |
| Date  | Full name of contributorout-of-state PAC (ID#:  |                   | Amount of                   | In-kind contribution                                |
|   | A-11 Alsen -11  |                   | contribution (\$)           | description (if applicable)                         |
| 1- 12-2010  | Betty Black well Contributor address; City; State; Zip Code   |                   |                             | 1   |
| # - /# - GU/-   |   | e                 | 250.00                      | I   |
|   | 1304 Mucces St.   |                   | ,                           |   |
|   | Austin, Texas 78701   |                   |                             | of Texas, complete Schedule T)                      |
|   | upation / Job title (See Instructions)  | Employer (See     | Instructions)               |   |
| Afforney  |   | Je/f              |                             |   |
| Date  | Full name of contributor Out-of-state PAC (ID#:   |                   | Amount of contribution (\$) | In-kind contribution<br>description (if applicable) |
|   | David Reynolds  |                   | .]                          | <br>  |
| 2-15-2010   | Contributor address; City; State; Zip Code 1912 RID Grande  | •                 | 100.00                      | <br>  |
| ļ   | Austin, Texas 78701   |                   |                             | 1   |
|   | HULLIA, ICX &S TOTAL  |                   | (If travel outside o        | of Texas, complete Schedule T)                      |
| Principal occu  | rpation / Job title (See Instructions)  | Employer (See     | instructions)               |   |
| Attorney  |   | SE14              |                             |   |
| Date  | Full name of contributor out-of-state PAC (ID#:   |                   | Amount of                   | In-kind contribution                                |
|   | 0 1. 2.1.   |                   | contribution (\$)           | description (if applicable)                         |
|   | Sandra Ritz   |                   |                             |   |
| 2-16-2010   | Contributor address; City; State; Zip Code  | <b>)</b>          | 250.00                      |   |
|   | Austin, Texas 78701   |                   |                             |   |
| Principal cocu  | pation / Job title (See Instructions)   | TInver (See I     | <del></del>                 | f Texas, complete Schedule T)                       |
| A HOINEY  | pation / Job title (See Institutions)   | Employer (See I   | .nstructions;               |   |
| Date  | Full name of contributor Out-of-state PAC(ID#   | \                 | Amount of                   | In-kind contribution                                |
| <del>-</del>  |   |                   | contribution (\$)           | description (if applicable)                         |
|   | Malcon Smith  |                   |                             |   |
| 2-14-2010   |   | <b>&gt;</b>       | י מי מיי                    | ,   |
|   | Contributor address; City; State; Zip Code 808 W. 1144  |                   | 100.00                      |   |
|   | Austin, Texas 78701   |                   | <u> </u>                    |   |
| Principal opera   | · · · · · · · · · · · · · · · · · · ·   | T == lover (Co. ) |                             | f Texas, complete Schedule T)                       |
| Principal occupation / Job title (See Instructions)  Attorney |   | Sc/f              | nstructions)                |   |
| •   | •   |                   |                             |   |
|   |   |                   | NEEDED                      |   |

| Principal occupation / Job title (See Instructions)   Date   Full name of contributor   | The Instruct                          | ion Guide explains how to complete this form.                       |                                       | 1 Total pages School 15 of 1.                 |  |  |
|---|---------------------------------------|---|---------------------------------------|---|--|--|
| Date   5 Full name of contributor   | EU ED NAS                             | AC  | · · · · · · · · · · · · · · · · · · · | <del>                                  </del> |  |  |
| Date   5 Full name of contributor   |                                       |   |                                       | 3 7,0000712 (22                               | and commission, morey                              |  |
| Arthur Trolle 3-16-3010 6 Contributor address: City: State: Zip Code 700 E. //th 3f. # /03  | · · · · · · · · · · · · · · · · · · · |   |                                       |   | · · · · · · · · · · · · · · · · · · ·              |  |
| Principal occupation / Job title (See Instructions)   10 Employer (See Instructions)   2 Employer (See Instructions)   10 Employer    |                                       |   |                                       | 1 -   | 8 In-kind contribution description (if applicable  |  |
| Principal occupation / Job title (See instructions)   10 Employer (See Instructions)   3c / 4   4   5c / 4       | 2-16-2010                             | 6 Contributor address; City; State; Zip Code  γοο ε. ///h sf. # /03 |                                       | 100.00  | <u> </u>   |  |
| Date Full name of contributor   out-of-state PAC(IDE   Amount of contribution (\$)   description (if appli description (if appli occupation / Job title (See Instructions)   Employer (See Instructions)    Date Full name of contributor   out-of-state PAC(IDE   Date   Full name of contributor   out-of-state PAC(IDE   Date   Full name of contributor   out-of-state PAC(IDE   Date   Full name of contributor   out-of-state PAC(IDE   Date   Full name of contributor   out-of-state PAC(IDE   Date   Full name of contributor   out-of-state PAC(IDE   Date   Full name of contributor   out-of-state PAC(IDE   Date   Full name of contributor   out-of-state PAC(IDE   Date   Date   Date   Full name of contributor   out-of-state PAC(IDE   Date   Date   Date   Full name of contributor   out-of-state PAC(IDE   Date   Date   Date   Date   Full name of contributor   out-of-state PAC(IDE   Date   Date |                                       | Austin, Texas 78701   |                                       | (If travel outside                            | <br>of Texas, complete Schedule 1                  |  |
| Date Full name of contributor   |                                       | •   |                                       | Instructions)                                 |  |  |
| Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address: City; State; Zip Code  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Contributor address; City; State; Zip Code  Contributor address; City; State; Zip Code  Contributor address; City; State; Zip Code   | Date                                  |   |                                       |   | In-kind contribution<br>description (if applicable |  |
| Principal occupation / Job title (See Instructions)    Employer (See Instructions)   Employer (See Instructions)  | 2-19-2010                             | Contributor address; City; State; Zip Code 812 San Antenio # 103    |                                       | 250.00  |  |  |
| Principal occupation / Job title (See Instructions)    Affect   |                                       | Austin, Texas 78701   |                                       | (if travel outside o                          | of Texas, complete Schedule T                      |  |
| Date Full name of contributor   |                                       |   |                                       | Employer (See Instructions)                   |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Contributor address; City; State; Zlp Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  (If travel outside of Texas, complete Schedescription (If applied to the contribution of contribution of contribution of the contribution of contribution of the contribution of contribution of contribution of the contribution of the contribution of contribution of the contribution of t  | Date                                  |   |                                       | ,   | In-kind contribution description (if applicable    |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#  Amount of contribution (\$)  Amount of contribution (\$)  Contributor address; City; State; Zip Code   |                                       | Contributor address; City; State; Zip Code                          |                                       |   | <br>   |  |
| Principal occupation / Job title (See Instructions)    Date   |                                       |   |                                       | (if travel outside                            | <br>of Texas, complete Schedule T                  |  |
| Date Full name of contributor   | Principal occu                        | pation / Job title (See Instructions)                               | Employer (See I                       | · · · · · · · · · · · · · · · · · · ·         |  |  |
| Contributor address; City; State; Zip Code    Principal occupation / Job title (See Instructions)   Employer (See Instructions)    Date   Full name of contributor   out-of-state PAC(ID#   | Date                                  |   | )                                     | Amount of                                     | In-kind contribution                               |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state-PAC(ID#)  Contributor address; City; State; Zip Code  (if travel outside of Texas, complete Sched  |                                       |   |                                       | coutapation (2)                               | description (if applicable                         |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  | <u>;</u>                              | Contributor address; City; State; Zip Code                          |                                       |   |  |  |
| Date Full name of contributorout-of-state PAC(ID#) Amount of contribution (\$) In-kind contribution (contribution (\$) description (if applied to applied to a contributor address; City; State; Zip Code   | Principal occu                        | pation / Job title (See Instructions)                               | Employer (See I                       |   | f Texas, complete Schedule T                       |  |
| Contribution (\$) description (if applic  |                                       |   |                                       |   |  |  |
|   | Date                                  | Full name of contributor out-of-state PAC (ID#:                     |                                       |   | In-kind contribution<br>description (if applicable |  |
| (If travel outside of Texas, complete Sched   |                                       | Contributor address; City; State; Zip Code                          |                                       |   | ·<br>[   |  |
| ·   |                                       |   |                                       | (If travel outside o                          | f Texas, complete Schedule T                       |  |
| Principal occupation / Job title (See Instructions) Employer (See Instructions)   | Principal occu                        | pation / Job title (See Instructions)                               | Employer (See I                       | nstructions)                                  |  |  |

1-800-325-8506

| LOANS                                 | ÷   |                         |                                       | SCHEDULE E                |
|---------------------------------------|---|-------------------------|---------------------------------------|---------------------------|
| The Instruction                       | n Guide explains how to complete this for | ŗm.                     | 1 Total pages Sch                     | nedule E:                 |
| 2 FILER NAME                          | Herbert Evans                             |                         | 3 ACCOUNT# (Et                        | thics Commission filers)  |
| 4 TOTA                                | AL OF UNITEMIZED LOANS:                   | ch ch ch ch             | ₽ ₽                                   | \$ 0                      |
| 5 Date of loan                        | 7 Name of lender                          | out-of-state PAC (iD#:  |                                       | 9 Loan Amount (\$)        |
| 1-29-2010                             | Herbert Evans (self)                      |                         |                                       | 122.66                    |
| 6 Is lender a financial Institution?  |   | Zip Code                | , <b></b>                             | 10 Interest rate          |
| Y (N)                                 | Austin, Texas 78701                       |                         | ·                                     | 11 Maturity date          |
| •                                     | on / Job title (See Instructions)         | 13 Employer (See In     |                                       |                           |
| <u> </u>                              | like of the Peace, Act. 5)                | Travis Cou              | nty                                   |                           |
| 14 Description of Collate             |   | - 1 - 1 - 1010 F        | · · · · · · · · · · · · · · · · · · · |                           |
| <del></del>                           | expenditure for wine for                  | ^ # ~ # ~ # ~ p ~       |                                       |                           |
| 15 GUARANTOR<br>INFORMATION           | 16 Name of guarantor                      |                         |                                       | 18 Amount Guaranteed (\$) |
| not applicable                        |   | Zip Code                |                                       |                           |
| 19 Principal Occupation               |   | 20 Employer             |                                       |                           |
| Date of loan                          | Name of lender                            | out-of-state PAC (ID#   | )                                     | Loan Amount (\$)          |
| 1-31-2010                             | Herbert Evans (self)                      |                         |                                       | 54.08                     |
| is lender a<br>financial Institution? | 7, , , , , , , , , , , , , , , , , , ,    | Zíp Code                | • • • • • • •                         | Interest rate             |
| √ (N)                                 | Austin, Texas 78701                       |                         |                                       | Maturity date             |
| Principal occupation                  | n / Job title (See Instructions)          | Employer (See Instructi | ions)                                 | - ,                       |
| Self (Justic                          | ice of the Peace, Pct. 5)                 | Travis County           | ,<br>                                 |                           |
| Description of Collate                | eral expenditure for soft drinks          |                         |                                       | ,                         |
| GUARANTOR<br>INFORMATION              | Name of guarantor                         |                         |                                       | Amount Guaranteed (\$)    |
| not applicable                        |   | Zip Code                |                                       |                           |
| Principal Occupation                  |   | Employer                |                                       |                           |
| . If lone                             | ATTACH ADDITIONAL COP                     |                         |                                       | cuirements                |

Texas Ethics Commission

1-800-325-8506

### POLITICAL EXPENDITURES SCHEDULE F 1 Total pages Schedule F: The Instruction Guide explains how to complete this form. 1 of 2 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Herbert Evans 5 Payee name Date Amount 1-26-2010 6 Payee address; City; State; Zip Code 1000 Cashew Lane # 163.30 Cedar Park, Texas 78613 8 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Candidate / Officeholder name Office held Beverage Service for 2/2/2010 Fundraiser (If travel outside of Texas, complete Schedule T) Payee name Amount Whole Foods Market Payee address; City; State; Zip Code 535 N. Lamar 4 122.66 Austin, Texas 78703 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office sought Office held Wine for 2/2/2010 Fundraiser (If travel outside of Texas, complete Schedule T) Amount Payee address; City; State; Zip Code 715 Exposition Blvd 54.08 Austra, Texas 18703 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · Candidate / Officeholder name Office held Soft Drinks for 2/2/2010 Fundraiser (If travel outside of Texas, complete Schedule T) Payee name Date Austin Womens Political Caucus Payee address; City; State; Zip Code P.O. Box 14383 Amount (\$) 2-1-2010 Austin, Texas 78711 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office held Dues (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

| POLITI                        | CAL EXPENDITURES   |  |                                       | SCHEDULE F                                   |
|-------------------------------|--|--|---------------------------------------|--|
| The Instruc                   | tion Guide explains how to complete this form.   |  | 1 Total page                          | 4 2  |
| 2 FILER NAMI                  | <del></del>  |  | 3 ACCOUNT                             | # (Ethics Commission filers)                 |
| ļ                             | ert Evans  |  |                                       | 1  |
| 4 Date                        | 5 Payee name   |  |                                       | 7 Amount (\$)                                |
| 2-1-2010                      | Abucto's Mexican Food Embas 6 Payee address; City; State; Zip Code 2901 S. Capital of Texas HA Austin, Texas 78746 | ey   |                                       | # 824. 82                                    |
| 8 Purpose of pay required.)   | /ment (See instructions regarding type of information  | · · ·  | •                                     | to benefit C/OH ··                           |
|                               | - 2/1/2010 Fundraiser  | Candidate / Officeholder r   | name                                  | Office sought Office held                    |
|                               | e of Texas, complete Schedule T)   | ·  | **                                    |  |
| Date                          | Payee name   |  |                                       | Amount                                       |
|                               |  |  |                                       | (\$)   |
|                               | Payee address; City; State; Zip Code   |  |                                       |  |
| Purpose of pay<br>required.)  | ment (See instructions regarding type of information   | <ul> <li>Complete if die<br/>Candidate / Officeholder n</li> </ul> |                                       | to benefit C/QH •• Office sought Office held |
| (if travel outside            | o of Texas, complete Schedule T)   |  |                                       |  |
| Date                          | Payee name   |  |                                       | Amount<br>(\$)                               |
| 1                             |  |  |                                       | (4)  |
|                               | Payee address; City; State; Zip Code   |  |                                       |  |
| Purpose of payorequired.)     | ment (See instructions regarding type of information   | •• Complete if dir<br>Candidate / Officeholder n                   |                                       | to benefit C/OH •• Office sought Office held |
| (If travel outsi              | de of Texas, complete Schedule T)  |  |                                       |  |
| Date                          | Payee name   |  |                                       | Amount<br>(\$)                               |
|                               | Payee address; City; State; Zip Code   |  | . ,                                   |  |
| Purpose of payr<br>required.) | ment (See instructions regarding type of information   | •• Cornplete if dir<br>Candidate / Officeholder n                  | •                                     | to benefit C/OH •• Office sought Office held |
| (If travel outside            | of Texas, complete Schedule T)   |  | · · · · · · · · · · · · · · · · · · · | **************************************       |
|                               | ATTACH ADDITIONAL COPIES   | S OF THIS FORM AS N  | EEDED                                 |  |

| F                             | NT FROM POLITICAL CONT<br>USINESS OF C/OH   | RIBUTIONS                            |  | SCHEDULE <b>H</b>                               |
|-------------------------------|---|--------------------------------------|--|---|
| The Instruc                   | tion Guide explains how to complete this form.                                      |                                      | 1 Total pages Sche                     | edule H:  |
| 2 FILER NAM                   | E HERBERT EVAN  | >                                    | 3 ACCOUNT # (EIF                       | nics Commission filers)                         |
| 4 Date                        | FRBERT EV AND 5 Business name  6 Business address; City; State; Zip Code            |                                      |  | 7 Amount (\$)                                   |
| required.)                    | ment (See instructions regarding type of information of Texas, complete Schedule T) | 9 ·· Complet<br>Candidate / Officeho | e if direct expenditure<br>Ider name   | to benefit C/OH ••<br>Office sought Office held |
| Date                          | Business name   |                                      |  | Amount<br>(\$)                                  |
|                               | Business address; City; State: Zip Code   |                                      |  |   |
| required.)                    | ment (See instructions regarding type of information                                | ·· Complet<br>Candidate / Officenc   | e if direct expenditure<br>Ider name   | to benefit C/OH ••<br>Office sought Office held |
| (If travel outside            | of Texas, complete Schedule T)  |                                      |  |   |
| Date                          | Business name  Business address; City; State; Zip Code                              |                                      |  | Amount<br>(\$)                                  |
| required.)                    | ment (See instructions regarding type of information of Texas, complete Schedule T) | •• Complete<br>Candidate / Officeho  | e if direct expenditure<br>Ider name   | to benefit C/OH<br>Office sought Office held    |
| Date                          | Business name   |                                      |  | Amount  |
|                               | Business address; City; State; Zip Code   |                                      | , ,                                    | (\$)  |
| Purpose of payn<br>required.) | nent (See instructions regarding type of information                                | •• Complete<br>Candidate / Officeho  | a if direct expenditure t<br>Ider name | to benefit C/OH<br>Office sough: Office held    |
| (If travel outside            | of Texas, complete Schedule T)  |                                      |  | <del></del>                                     |
|                               | ATTACH ADDITIONAL COPIES  | S OF THIS FORM                       | AS NEEDED                              | ·   |

|            | POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION                       | SCHEDUL<br>S                           |
|------------|--|--|
| The Instru | uction Guide explains how to complete this form.                         | 1 Total pages Schedule I:              |
| FILER NAI  | ME HERBERT EVANS  5 Payee name  1 M NA                                   | 3 ACCOUNT # (Ethics Commission filers) |
| Date       | 5 Payee name  6 Payee address; City: State; Zip Code                     | 8 Amount (\$)                          |
|            | 7 Purpose of expenditure (See instructions regarding type of informa     | tion required.)                        |
| Date       | Payee name Payee address; City; State; Zip Code                          | Amount (\$)                            |
|            | Purpose of expenditure (See instructions regarding type of informa       | tion required.)                        |
| Date       | Payee name Payee address; City; State; Zip Code                          | Amount (\$)                            |
|            | Purpose of expenditure (See instructions regarding type of informa       | tion required.)                        |
| Date       | Payee name Payee address; City; State; Zip Code                          | Arnount (\$)                           |
|            | Purpose of expenditure (See instructions regarding type of informations) | tion required.)                        |
| Date       | Payee name Payee address; City; State; Zip Code                          | Amount (\$)                            |
|            | Purpose of expenditure (See instructions regarding type of informat      | ion required.)                         |

|                                  | IBUTION OR POLITICAL EXI                       | PENDITURE                        | SCHEDULE T             |
|----------------------------------|--|----------------------------------|------------------------|
| The Instruction Guide            | explains how to complete this form.            | 1 Total pages Schedule           | эТ: /                  |
| 2 FILER NAME                     | RISERT EVANS                                   | 3 ACCOUNT # (Eth                 | ics Commission filers) |
| 4 Name of Contributor / Corpora  | ation or Labor Organization / Pledgor / Payee  |                                  |                        |
| 5 Contribution / Expenditure rep | oorted on:                                     |                                  |                        |
| Schedule A                       | Schedule B Schedule C                          | Schedule D Schedule              | F Schedule G           |
| Schedule H                       | Schedule N COH-UC                              | COH-T PAC-C                      | PAC-E                  |
| 6 Dates of travel 7 Na           | me of person(s) traveling                      |                                  |                        |
| <b>8</b> De                      | parture city or name of departure location     |                                  |                        |
| <b>9</b> Des                     | stination city or name of destination location |                                  |                        |
| 10 Means of transportation       | 11 Purpose of travel (including name of confe  | erence, seminar, or other event) |                        |
| Name of Contributor / Corporat   | ion or Labor Organization / Pledgor / Payee    |                                  |                        |
| Contribution / Expenditure repo  | rted on:                                       |                                  |                        |
| Schedule A                       | Schedule B Schedule C                          | Schedule D Schedule              | F Schedule G           |
| Schedule H                       | Schedule N COH-UC                              | сон-т ПРАС-С                     | PAC-E                  |
| Dates of travel Name             | e of person(s) traveling                       |                                  |                        |
| Depar                            | ture city or name of departure location        |                                  |                        |
| Destin                           | ation city or name of destination location     |                                  |                        |
| Means of transportation          | Purpose of travel (including name of confere   | ence, seminar, or other event)   |                        |
| Name of Contributor / Corporat   | ion or Labor Organization / Pledgor / Payee    |                                  |                        |
| Contribution / Expenditure repo  | rted on:                                       |                                  |                        |
| Schedule A                       | Schedule B Schedule C                          | Schedule D Schedule              | F Schedule G           |
| Schedule H                       | Schedule N COH-UC                              | COH-T PAC-C                      | PAC-E                  |
| Dates of travel Name             | of person(s) traveling                         |                                  |                        |
| Depart                           | ture city or name of departure location        |                                  |                        |
| Destina                          | ation city or name of destination location     |                                  |                        |
| Means of transportation          | Purpose of travel (including name of confere   | ince, seminar, or other event)   | 1                      |
|                                  | ATTACH ADDITIONAL COPIES OF THIS F             | FORM AS NEEDED                   |                        |